

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16149**
Registrar's No. **4897**

FILED JUN 9 1944
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether
In this community ?
years, months or days)

3. (a) PRINT

FULL NAME Eva Lucinda Bedell

3. (b) If veteran,

name war No

3. (c) Social Security

No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced. Widowed
6. (b) Name of husband or wife Albert W. Bedell 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 13, 1873.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 14 hr. min.

9. Birthplace Jasper, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name William F. Busby
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Crow
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah Bedell
(b) Address 439 Bogey Lane

17. (a) Removal (b) Date thereof May 28, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper, Missouri

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) MAY 28 1944 (b) J. F. Bedell
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 439 Bogey Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1944 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 8-13-43
May 26 1944 to 1944
that I last saw her alive on May 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Gall Bladder ?

Due to Circulatory Failure

Due to Hb F

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Cancer of Gall Bladder
Of operations with metastases
Of autopsy /

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury /

23. Signature Victor Klee (M. D. or other)
Address 120 E. Lockwood Street Date signed 5/27/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 4186
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.